



Attorney's Docket No.: 10274-006002
Client's Ref. No.: D011 CIP2

DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD OF PROPHYLAXIS OR TREATMENT OF ANTIGEN PRESENTING CELL DRIVEN SKIN CONDITIONS USING INHIBITORS OF THE CD2/LFA-3 INTERACTION, the specification of which:

is attached hereto.
 was filed on December 5, 2000 as Application Serial No. 09/730,465
 was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Serial No.	Filing Date	Status
08/466,465	June 6, 1995	Issued
07/862,022	April 2, 1992	Issued
07/770,969	October 7, 1991	Abandoned

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Application No.	Filing Date	Priority Claimed
WIPO	PCT/US92/08755	October 6, 1992	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Direct all telephone calls to LOUIS MYERS at telephone number (617) 542-5070.

Direct all correspondence to the following:

PTO Customer Number

26161

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge

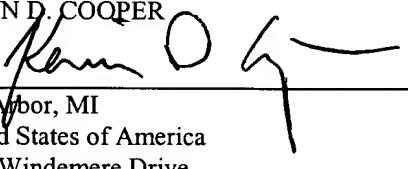
Combined Declaration and Power of Attorney
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that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: **BARBARA P. WALLNER**

Inventor's Signature: _____ Date: _____
Residence Address: Weston, MA
Citizenship: United States of America
Post Office Address: 64 Arrowhead Rd.
Weston, MA 02193

Full Name of Inventor: **KEVIN D. COOPER**

Inventor's Signature:  Date: 1/7/04
Residence Address: Ann Arbor, MI
Citizenship: United States of America
Post Office Address: 3815 Windemere Drive
Ann Arbor, MI 48105



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that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: **BARBARA P. WALLNER**

Inventor's Signature:



Date: **1-6-04**

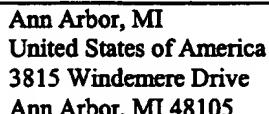
Residence Address: **Cohasset, MA**

Citizenship: **United States of America**

Post Office Address:
40B Nichols Rd.
Cohasset, MA 02025

Full Name of Inventor: **KEVIN D. COOPER**

Inventor's Signature:



Date: _____

Residence Address: **Ann Arbor, MI**

Citizenship: **United States of America**

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3815 Windemere Drive
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